

**Iowa Department of Public Health
Environmental and Occupational Surveillance
Reportable Poisonings, Injuries, Diseases, Conditions, and Exposures**



IDPH Environmental Health (EH) hotline (Mon-Fri 8 am-4:30 pm): 800-972-2026

IDPH 24/7 Disease reporting hotline: 800-362-2736

IDPH Environmental Health Fax: 515-281-4529

IDPH EH Division Web Page: www.idph.state.ia.us/eh/default.asp

IDPH Bureau of Emergency Medical Services (EMS) Web Page: www.idph.state.ia.us/ems/data.asp

OUTBREAK REPORTING - CALL THE 24/7 DISEASE REPORTING HOTLINE: 800-362-2736

IMMEDIATELY report to the department outbreaks of any kind, diseases (including those not specifically noted) that occur in unusual numbers or circumstances, unusual syndromes, or uncommon diseases. Outbreaks may be infectious, environmental or occupational in origin and include food-borne outbreaks or illness secondary to chemical exposure (e.g., pesticides, carbon monoxide, anhydrous ammonia).

BIOTERRORISM REPORTING - CALL THE 24/7 DISEASE REPORTING HOTLINE: 800-362-2736

IMMEDIATELY report diseases, syndromes, poisonings and conditions of any kind suspected or caused by a biological, chemical, or radiological agent or toxin when there is reasonable suspicion that the disease, syndrome, poisoning or condition may be the result of a deliberate act such as terrorism (but are not limited to) anthrax, mustard gas, sarin gas, ricin, tularemia and small pox.

ELEVATED BLOOD LEAD TEST RESULTS GREATER THAN OR EQUAL TO 20 UG/DL- CALL THE EH HOTLINE: 800-972-2026

IMMEDIATELY during regular business hours (Mon-Fri 8am to 4:30 pm) report all blood lead test results greater than or equal to 20 ug/dL to the Environmental Health hotline and fax a hard copy of the result to the EH fax.

ROUTINE REPORTING

Reports not meeting the conditions given for immediate reporting shall report as directed below, using electronic or web-based reporting if available, or another IDPH approved reporting format. Iowa trauma nurse coordinators and data registrars in the trauma hospitals of Iowa can continue to use the Trauma Registry software for reporting agricultural related injuries and traumatic brain and spinal cord injuries or EMS approved hard copy report forms. Refer to the IDPH EH Web page for more details, approved formats, forms, and specific disease/poisoning/injury/condition reporting information.

WHO IS REQUIRED TO REPORT

Mandatory Reporting is required of health care providers, clinics, hospitals, clinical laboratories, and other health care facilities; school nurses or school officials; poison control and information centers; medical examiners; occupational nurses. Hospitals, health care providers, and clinical laboratories outside the state of Iowa for confirmed or suspect cases in an Iowa resident. Complete information can be found in the Iowa Administrative Code [641] Chapter 1, which is linked at the IDPH EH Division Web page.

For more information, please refer to the IDPH EH Division Web page at www.idph.state.ia.us/eh/default.asp or call the Environmental Health hotline during regular business hours.

POISONING OR CONDITION	CASES TO REPORT	WHEN TO REPORT	HOW TO REPORT
Agricultural related injury	A non-household injury to a farmer, farm worker, farm family member, or other individual, which occurred on a farm, or in the course of handling, producing, processing, transporting or warehousing farm commodities	Quarterly (recommend weekly)	Routine reporting See EH Div Web page Trauma Registry Users, see EMS Web page.
Arsenic poisoning	Blood arsenic values equal to or greater than 70 µg/L Urine arsenic values equal to or greater than 100 µg/L of urinary creatinine	Weekly	Routine reporting See EH Div Web page
Blood lead testing	All analytical results greater than or equal to 20 micrograms per deciliter (µg/dL) in a child under the age of 6 years or a pregnant woman	Daily	Phone: 800-972-2026
	All other analytical values for all blood lead analyses	Weekly	Electronic format specified by the department
Cadmium poisoning	Blood cadmium values equal to or greater than 5 µg/L Urine cadmium values equal to or greater than 3 µg/g	Weekly	Routine reporting See EH Div Web page
Carbon monoxide (CO) poisoning	Blood carbon monoxide level equal to or greater than 10% carboxyhemoglobin or its equivalent with a breath analyzer test, or a clinical diagnosis of CO poisoning regardless of any test result	Daily	Phone: 800-972-2026 See EH Div Web page Or: Iowa Statewide Poison Control Center 800-222-1222 for 24 hour consultation followed by fax to IDPH EH.
Hypersensitivity pneumonitis	A disease in which the air sacs (alveoli) of the lungs become inflamed when certain dusts are inhaled to which the person is sensitized or allergic. Includes but is not limited to farmer's lung, silo filler's disease, and toxic organic dust syndrome.	Weekly	Routine reporting See EH Div Web page
Mercury poisoning	Blood mercury values equal to or greater than 2.8 µg/dL Urine mercury values equal to or greater than 20 µg/L	Weekly	Routine reporting See EH Div Web page
Methemoglobinemia	Blood analyses showing greater than 5% of total hemoglobin present as methemoglobin	Weekly (recommend immediate)	Routine reporting See EH Div Web page
Microcystin (Blue-green algal) poisoning*	Gastrointestinal symptoms, respiratory symptoms, dermal symptoms or elevated serum GGT (gamma glutamyl transpeptidase) and a history of exposure within the past seven days to water testing positive for microcystin	Daily from May 1 to Oct. 31	Phone: 800-972-2026
Non-communicable respiratory illness	An illness indicating prolonged exposure or overexposure to asbestos, silica, silicates, aluminum, graphite, bauxite, beryllium, cotton dust or other textile material, or coal dust. Includes, but is not limited to asbestosis, coal worker's pneumoconiosis, and silicosis.	Weekly	Routine reporting See EH Div Web page

POISONING OR CONDITION	CASES TO REPORT	WHEN TO REPORT	HOW TO REPORT
Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction	Any extrinsic asthma or acute chemical pneumonitis due to exposure to toxic agents in the workplace. (ICD-10 codes J67.0 to J67.9) All cases of occupationally induced or exacerbated asthma.	Weekly	Routine reporting See EH Div Web page
Pesticide poisoning	Any acute or subacute systemic, ophthalmologic, or dermatologic illness or injury resulting from or suspected of resulting from inhalation or ingestion of, dermal exposure to, or ocular contact with a pesticide. Laboratory confirmation is not required.	Weekly	Iowa Poison Control Center 800-222-1222 for 24 hour consultation. See EH Div Web page
Severe skin disorder	Dermatoses, burns, and other severe skin disorders which result in death or which require hospitalization or other multiple courses of medical therapy.	Weekly	Routine reporting See EH Div Web page
Traumatic Spinal Cord Injury (TSCI)	An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficit, or bladder/bowel dysfunction. The deficit can be temporary, permanent, or result in death. The lesion can occur at any level of the spinal cord and may be complete or incomplete. Spinal cord injuries include: cauda equina, conus medullaris injuries, central cord syndrome, anterior cord syndrome, posterior cord syndrome, Brown-Sequard syndrome, mixed syndrome, and cord compression. Patients presenting neurological symptoms upon admission which resolve before hospital discharge should also be reported.	Quarterly	See Bureau of EMS Web page
Toxic hepatitis	Any acute or subacute necrosis of the liver or other unspecified chemical hepatitis caused by exposure to nonmedicinal toxic agents other than ethyl alcohol including, but not limited to, carbon tetrachloride, chloroform, tetrachloroethane, trichloroethylene, phosphorus, trinitrotoluene (TNT), chloronapthalenes, methylenedianilines, ethylene dibromide, and organicsolvents. (ICD-10 codes K71.0 to K71.9)	Weekly	Routine reporting See EH Div Web page
Traumatic Brain Injury (TBI)	Clinically evident brain damage resulting from trauma or anoxia which temporarily or permanently impairs a person's physical or cognitive functions". The injury may be a penetrating or closed head injury resulting in death, or temporary or permanent impairment. Persons with brain injuries may display loss of consciousness, post-traumatic amnesia, a skull fracture, or damage to brain tissue as evidenced by neurological findings that can be reasonably attributed to a traumatic brain injury.	Quarterly	See Bureau of EMS Web page

*The Director of IDPH has temporarily designated suspected or confirmed cases of exposure to microcystin as a reportable disease.

Reporting of the above diseases is required by Iowa Administrative Code [641] Chapter 1. Chart Revised April 2010.

Visit our web site at <http://www.idph.state.ia.us>

Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street Des Moines, Iowa 50319-0075